

# EXHIBIT K

*United States v. Yanping Wang, Case No.: S1 23-CR-118 (AT)*

PS2  
(Rev. 10/09)

**United States District Court**  
**Worksheet for Pretrial Services Report**

PACTS Client ID No.:	Cir/Dist/Docket/Defendant No	Arrest Date:	Interviewing Officer:	Interview Date:
		31	Jessica Aguirre.	3/15/23.

## **CLIENT PERSONAL DATA - General**

Prefix:	Title: (Dr., PhD., etc.)	Court Name: First <i>Yanping.</i>	Middle <i>/</i>	Last <i>Wang</i>	Generation
SSN/EIN:	<span style="background-color: black; color: black;">XXXXXXXXXX</span>	State Identification No.:		FBI No.:	
Register/Marshal's No.:	ICE (INS) No.:			Driver's License No.: (Include state)	

**CLIENT PERSONAL DATA - Alternate Names and Ids** (If more than four, attach list)

First	<i>Everett</i>	Middle	Last	Generation	<input type="checkbox"/> Also Known	<input type="checkbox"/> Maiden Name
					<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name
First		Middle	Last	Generation	<input type="checkbox"/> Also Known	<input type="checkbox"/> Maiden Name
					<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name
First		Middle	Last	Generation	<input type="checkbox"/> Also Known	<input type="checkbox"/> Maiden Name
					<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name

**Alternate IDs:** (List any other alien numbers, state ID numbers, SSNs, DOBs)

Alternate IDs: (List any other identification numbers, state  
2 friends from China.  
Wayne, ~~Tina~~ Cao

Yes. Board. Consigneet.

Reyat

**Distinguishing Characteristics:** (Scars, tattoos, etc.)

212 826 8882. cont.

## **CLIENT PERSONAL DATA - Demographics**

Sex: (Check one)	Race: (Check one)	Hispanic: (Check one)	Height:	Weight:
<input checked="" type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native <input checked="" type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input checked="" type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<i>5'1"</i>	<i>140.</i>
		Eye Color:	Age: [REDACTED]	Date of Birth: [REDACTED]
		<input type="checkbox"/> Blue <input checked="" type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other <i>Hazel</i>		
				Hair Color: <input checked="" type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Red <input type="checkbox"/> White
Place of Birth:	Country of	Citizenship: (Check one)	Additional Citizen Information:	
[REDACTED]	[REDACTED]	<input checked="" type="checkbox"/> Citizen of Another Country <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized US Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Unknown	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Visa <input type="checkbox"/> Illegal Alien <input type="checkbox"/> Unknown	
Do you possess a passport/visa?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Country of Citizenship:	<i>Pending approval.</i> Date Naturalized: <i>Asylum.</i>	
Location: <i>FBI Seized.</i> <i>Chinese passport.</i>		<i>China.</i>		
Have you traveled outside the U.S.?		Purpose: _____		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Countries: _____			
Date Immigrated to the United States:		Date Entered United States: <i>April / May 2017.</i>		

**CLIENT PERSONAL DATA - Remarks**

Singapore, Hong Kong, Europe, England, France, — Before 2017.

CLIENT PERSONAL DATA - Addresses				
<span style="background-color: black; color: black;">[REDACTED]</span>		Phone (Residence): <i>/</i>	Phone (Mobile): <i>/</i>	
City: <span style="background-color: black; color: black;">[REDACTED]</span>	State: <span style="background-color: black; color: black;">[REDACTED]</span>	Zip Code: <span style="background-color: black; color: black;">[REDACTED]</span>	County:	Phone (Pager/Fax):
Address Type: <input checked="" type="checkbox"/> Apt. <input type="checkbox"/> Residence <input type="checkbox"/> Legal Address <input type="checkbox"/> Mailing Address	Date Moved to This Address (From Date): <i>2020 - Begin.</i>			E-Mail:
Time in Community of Residence: DAYS / MONTHS / YEARS (circle one) <i>2020 - Begin. 2017 /</i>				
Defendant Lives With? <i>Alone.</i>				
Name on Lease/Mortgage: <i>Self.</i>	Name on Utilities: <i>UC.</i>	Monthly Payment: <i>/</i>		
Have you ever lived outside the state/country? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: <span style="background-color: black; color: black;">[REDACTED]</span>		Do you own any firearms? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Are there any firearms where you live? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Any dogs or dangerous animals where you live? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Other/Prior Residences	Start Date	End Date	With Whom?	
<i>EST<sup>r</sup>. Manhattan since 2017.</i>				
CLIENT PERSONAL DATA - Collateral Contacts (Check box if living with defendant) (Family, Friends, Other Frequent Contacts, etc.)				
Name/Age	Relationship/Frequency of Contact	Citizenship Status	Address and Phone Number	Miscellaneous Notes/ Occupation
<span style="background-color: black; color: black;">[REDACTED]</span>	<i>(M) - deceased (F)</i>			
<input type="checkbox"/>	<i>Brother in China - Close relationship.</i>		<i>Not frequent.</i>	
<input type="checkbox"/>				
<input type="checkbox"/>	<i>extended family - No contact</i>			
<input type="checkbox"/>				
<input type="checkbox"/>				

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(Rev. 10/09)**MARITAL HISTORY** (Including cohabitation)

(Check box if living with defendant)

**Current Marital Status:**  Cohabiting  Divorced  Married  Separated  Single  Widowed  Unknown  
(Current Personal Data/Profile)

Name	Marital Status	Citizenship	Address/ Telephone No.	Dates of Marriage	No. of Children
<input type="checkbox"/> Current:				23 years ago -	
			2006 -		

**CHILDREN**

(Check box if living with defendant)

Name/Age of Children	Children Live With Whom?	Citizenship	Address/ Telephone No.	Frequency of Contact	Support?
<input type="checkbox"/>	Son (10) China - w/exhusband.				
<input type="checkbox"/>				2018-detained family no contact	
<input type="checkbox"/>				since then	
<input type="checkbox"/>					

**EDUCATION****Education Level:** (Client Personal Data/Profile)

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> No High School Diploma/GED     | <input type="checkbox"/> Associate's Degree         | <input type="checkbox"/> Unknown      |
| <input type="checkbox"/> Graduate Equivalency           | <input type="checkbox"/> Bachelor's Degree          | <input type="checkbox"/> Some College |
| <input type="checkbox"/> Vocational/Apprentice Graduate | <input checked="" type="checkbox"/> Master's Degree |                                       |
| <input type="checkbox"/> High School Diploma            | <input type="checkbox"/> Doctorate                  |                                       |

Date Education Obtained/Last Year Attended:

Name/Location of Current School:

Grade Completed:

Certificates/Degrees: 2005-2007 - in China.  
American Culture, Politics, History.**MILITARY HISTORY****Branch of Service:****Dates of Service:****Type of Discharge:**

Were you court-martialed?

- 
- Yes
- 
- No

Was any disciplinary action taken?

**English Language Skills:** (Client Personal Data/Profile)

- |  |  |
|--|--|
| <input type="checkbox"/> Fluent in English as Primary Language   | <input type="checkbox"/> Mute - Fluent in International Sign Language                |
| <input type="checkbox"/> Fluent in English as Secondary Language | <input type="checkbox"/> Mute - Limited or No Fluency in International Sign Language |
| <input type="checkbox"/> Limited Fluency in English              | <input type="checkbox"/> Unknown   |
| <input type="checkbox"/> No Fluency in English                   | Primary Language (if not English) _____  |

Primary language - Chinese.

Current Employment / Unemployment (Client Personal Data)			
Is the defendant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, skip to unemployment section below		Company Name: <u>Unemployed for</u> <i>so far</i>	
Address: (Street)		City:	State: Zip Code: County:
Start Date:	Hours Per Week:	Phone No.:	
Occupation:		Gross Income for This Employment:	
Job Title:		\$ _____	<input type="checkbox"/> Hourly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly
How Long Employed?	Work Hours:		
Can you return to your job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Does your employer know about your arrest? <input type="checkbox"/> Yes <input type="checkbox"/> No Can your employer be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Supervisor's Name:	Supervisor's Title:	Supervisor's Phone No.:	Supervisor's Cell/Pager No.:
**UNEMPLOYMENT DATA**			
Unemployment Start Date:		If unemployed, reason for unemployment/reasons for leaving is required	
Reasons for Unemployment:		Reasons for Leaving:	
<input type="checkbox"/> Caregiver <input checked="" type="checkbox"/> Long-Term Treatment <input type="checkbox"/> Court Order <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Other: <input type="checkbox"/> Looking for Work (Code as not excused in PACTS)		<input type="checkbox"/> Arrested <input type="checkbox"/> Position Ended <input type="checkbox"/> Fired for Misconduct <input type="checkbox"/> Retired <input type="checkbox"/> Fired Poor Performance <input type="checkbox"/> Unknown <input type="checkbox"/> Incarcerated <input type="checkbox"/> Quit w/Out Job Arranged <input type="checkbox"/> Laid Off <input type="checkbox"/> Started Full Time Educ/Vocational <input type="checkbox"/> Moved Residence <input type="checkbox"/> Other	
Vocational/Training Skills: (Check all that apply) (Client Personal Data/Profile)			
<input type="checkbox"/> Architecture and Engineering <input type="checkbox"/> Finance <input type="checkbox"/> Military Service <input type="checkbox"/> Arts, Design, Entertainment and Media <input type="checkbox"/> Food/Lodging Services <input type="checkbox"/> Office/Clerical/Administrative Support <input type="checkbox"/> Child/Adult Care <input type="checkbox"/> Healthcare <input type="checkbox"/> Production/Assembly <input type="checkbox"/> Community and Social Services <input type="checkbox"/> Janitorial/Cleaning Service <input type="checkbox"/> Sales <input type="checkbox"/> Computers and Mathematics <input type="checkbox"/> Laborer <input type="checkbox"/> Tradesman (Electrician/Plumber/Mechanic) <input type="checkbox"/> Construction and Extraction <input type="checkbox"/> Landscape/Ground Maintenance <input type="checkbox"/> Transportation and Material Moving <input type="checkbox"/> Cosmetology/Barber <input type="checkbox"/> Legal <input type="checkbox"/> Other <input type="checkbox"/> Data Processing - Education, Training, Library Science <input type="checkbox"/> Life, Physical, and Social Science <input type="checkbox"/> Farming, Fishing, Forestry <input type="checkbox"/> Management			
PREVIOUS EMPLOYMENT/UNEMPLOYMENT			
Start and End Dates	Name of Employer/ Unemployed	Address of Employer	Nature of Work, Hours Per Week, Salary, Reason for Leaving

Maintenance: 1,000

FINANCIAL INFORMATION					
ASSETS		LIABILITIES		BALANCE	MONTHLY PAYMENT
Cash	\$ <i>Check.</i>	Rent or Mortgage Payment			
Savings Account	\$ <i>TD Bank - 500,000</i>	Other Mortgage			
Checking Account	\$ <i>Chase Morgan Stanley 400,000</i>	Past Due/Pending Foreclosure?			
Stocks/Bonds/Retirement Accounts?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe:	\$ <i>X</i>	Utilities			<i>3,000.</i>
		Groceries			
		Child Care			
Other Accounts	\$ <i>/</i>	Child Support (Ordered or Voluntary?)			
	\$ <i>/</i>	Alimony			
Valuable Property (collections, jewelry, etc.)	\$ <i>/</i>	Personal Loans			
Business Assets	\$ <i>/</i>	Business Liabilities			
Motor Vehicles - Ownership		Motor Vehicles - Loans/Leases			
Year	Make	Model	Amount	Creditor	
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>	<i>/</i>
Real Estate: <i>1.1 million</i>	Auto Insurance				
Date Purchased:	Total Credit Card Debt				
Address:	School Loans				
Current Market Value \$	Outstanding Medical Bills				
Equity \$	Outstanding Taxes/Fines/Restitution				
Down Payment \$	Other Debts/Monthly Expenses				
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Type of Bankruptcy				
Location of	Year Filed:		Amount Discharged:		
EMPLOYMENT INCOME:		Other Source of Income: (Client Personal Data/Employment)			
Yearly/Monthly/Weekly \$			Alimony \$	Payback on Loans \$	
PAYMENT METHOD: (Circle One)			Child Support \$	Retirement Pension \$	
Cash      Check      Commission      Other			Disability Insurance/ \$	Severance Pay \$	
SPOUSE/SIGNIFICANT OTHER'S OCCUPATION:		Employee Benefit \$		Trust \$	
		Dividend \$		Unemployment Comp. \$	
		Family Support \$		Unknown \$	
		Food Stamps \$		Other \$	
		Investments \$		Social Security (retirement) \$	
		Lawsuit Payout \$		Social Security (disability) \$	
NOTES: <i>Property taxes - 1,000 - 1,500 per month.</i>					

<b>HEALTH</b>					
<b>Physical Health</b>					
<b>Brief Description:</b> <i>Healthy</i>	<b>Current Insurance Carrier:</b>				
<b>Physical Health Status:</b> (Client Personal Data/Profile)					
<input type="checkbox"/> Minor Medical Problems Only <input type="checkbox"/> Significant Medical Disorder (Under control but follow-up care required) <input type="checkbox"/> One or More Chronic or Recurrent Medical Problems <input type="checkbox"/> Uncontrolled Significant Disorder			<input type="checkbox"/> Diagnostic Evaluation or Specific Treatment in Progress <input type="checkbox"/> None <input type="checkbox"/> Unknown		
<b>Names of Medications and Reason(s) for Use:</b>					
<b>Mental Health</b>					
<b>Current Mental Health Status:</b> (Check all that apply)					
<input checked="" type="checkbox"/> No evidence of a current or past mental health condition (No evidence of current or past mental health condition) <input type="checkbox"/> History of a mental health condition. No active symptoms. (Documented history of mental health condition; no current active symptoms) <input type="checkbox"/> Mental health condition requiring ongoing treatment. (Reported active symptoms and requires treatment) <input type="checkbox"/> Has been in therapy within the last 12 months for a mental health condition. (Has sought or been in some form of treatment) <input type="checkbox"/> Currently taking medication for a mental health condition (psychotropic drug). (Taking meds for management of active symptoms) <input type="checkbox"/> Has seen a physician within the last 12 months for a mental health condition. (Sought treatment through a physician for active symptoms) <input type="checkbox"/> Has been hospitalized within the last 24 months for a mental health condition. (Has been hospitalized due to condition)					
Have you ever seen a doctor for any emotional or psychiatric problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when, where, and last visit?					
Have you ever been hospitalized for emotional problems? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when and where?					
Have you ever thought of or attempted suicide? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, when, and what method was used or thought of?					
Do you have current thoughts of suicide, hearing voices, or seeing things? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, explain.					
Have you ever been prescribed medication for emotional or psychiatric problems? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, name of medication(s) and how long you used it:					
Do you have a history of gambling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown If yes, describe the type of gambling activities, frequency, and amount:					
Do you have a history of domestic violence? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown Explain:					
<b>Mental Health Treatment</b>					
Dates	Name of Program	Location	Purpose	Inpatient/Outpatient	Completed? If no, why?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

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SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)						
Drug Use	Indicate Drugs of 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Choice	Current	History of	Age Use Began	Last Used	Frequency Used
Alcohol	SOCIAL: Yes / No	<input type="checkbox"/>	<input type="checkbox"/>			<i>Few times. Don't ago.</i>
Amphetamines		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<i>85-90</i>		<i>Socially.</i>
Benzodiazepines		<input type="checkbox"/>	<input type="checkbox"/>			
Cannabinoids		<input type="checkbox"/>	<input type="checkbox"/>			
Club/Designer Drugs		<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine		<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens (PCP,		<input type="checkbox"/>	<input type="checkbox"/>			
Heroin		<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines		<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Opiates		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

**Substance Abuse Status:**

**No substance abuse/dependence history** (No evidence of current/historical substance abuse/dependence)

**Sustained remission** (Counting today, defendant/offender has demonstrated >12 months of abstinence following history of substance abuse or dependence)

**Early remission** (Counting today, defendant/offender has demonstrated >1 month but <12 months of abstinence following history of substance abuse or dependence)

**Actively abusing substances** (Defendant does not meet the criteria for dependence, has abused substances in the past month and meets one of the following: a) Substance use resulting in a failure to fulfill major obligations at work, school or home; b) Substance use in situations where it is physically hazardous; c) Substance use related legal problems; d) Continued substance use despite the fact that it causes relationship conflicts.)

**Actively dependent on substances** (The defendant has abused substances in the past year and meets three of the following: a) Tolerance: a need for increased amounts of a substance to achieve intoxication or a diminished effect with continued use of the same amount of the substance; b) Withdrawal: Physical illness associated with not taking the substance or using the substance to avoid this illness; c) The substance is taken in larger amounts and over a longer period than intended; d) There is a desire or unsuccessful effort to reduce or control usage; e) A great deal of time is spent trying to obtain, use or recover from use; f) Social, recreational or occupational activities are given up because of substance use; g) Substance use is continued despite the knowledge of having a problem

Substance Abuse Treatment					
Substance Abuse Treatment History (Check all that apply)		Current	History of	Notes	
Inpatient Treatment		<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Treatment		<input type="checkbox"/>	<input type="checkbox"/>		
Self-Help (AA/NA)		<input type="checkbox"/>	<input type="checkbox"/>		
Confined Treatment Program (BOP)		<input type="checkbox"/>	<input type="checkbox"/>		

Dates	Name of Program	Location	Purpose	Inpatient/ Outpatient	Type of Discharge (Satisfactory/Unsatisfactory)

If a drug test were taken today, would it reveal any illegal substance or medications?     Yes     No     Unknown  
 If so, what illegal drugs/medications?

Would you like to receive treatment?     Yes     No

ADDITIONAL NOTES	

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Computer Information					
Do you have a computer in your home? <input type="checkbox"/> Yes <input type="checkbox"/> No		Was the computer seized? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of computer do you have?		What operating system do you have on the computer?			
Do you have a PDA, Palm, Cell Phone with internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No      If Yes, What?		If used for employment, does employer monitor internet usage and have an internet policy statement?			
Who is your internet service provider?		How do you access the internet?			
What purpose do you use the computer?		Anyone else in the home use a computer and for what purpose?			
What peripheral devices do you have?		Note:			
SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)					
Date Arrested/Age	Agency/Location		Offense Charged and Bail		Disposition or Next Court Date
Probation/Parole History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?			Any violations?	
Probation/Parole Officer's Name, Address, and Telephone _____					
Are you a member of, or have you ever been in a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Gang Name	Initiation Date			When did you get out?	
Will this information bring harm to you or your family? <input type="checkbox"/> Yes <input type="checkbox"/> No					
INTAKE - Prior Tab					
Prior Failures to Appear:		Prior Escapes:		Prior Abscondings:	
Prior Record	Charges (No.)	Convictions (No.)	Drugs (No.)	Violent (No.)	Pending Cases (No.)
Misdemeanors					
Felonies					
INVESTIGATION - General Tab (Complete when an investigation is completed)					
Docket No.: (e.g., 1:07M101 or 1:07CR101)		Defendant No.:		Type of Investigation: <input type="checkbox"/> Pretrial Services <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Diversion	
Investigation Officer:	Date Assigned:		Date Due:		Date Report Submitted:
Temporary Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Judicial Officer: (Leave blank if pretrial diversion)			Jurisdictional Authority: <input type="checkbox"/> Court (District Court) <input type="checkbox"/> Other District <input type="checkbox"/> Magistrate <input type="checkbox"/> U.S. Attorney (Use for PTD)		

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INTAKE - Opening Tab			
Case Activation	Assigned Officer:	Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the instant offense committed while under the criminal justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the case diverted post-charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referral Type:	Type of Case: (Intake Type)	Charging Document:	
<input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Verbal Notice <input type="checkbox"/> Writ-Release Not Possible	<input type="checkbox"/> Diversion <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Services	<input type="checkbox"/> Citation <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Information <input type="checkbox"/> Not Applicable <input type="checkbox"/> Violation Petition	
Rule 5 Transfer In? <input type="checkbox"/>	Rule 20 Transfer In? <input type="checkbox"/>	Courtesy In? <input type="checkbox"/> Yes	
Transfer District:	Transfer District Docket No.:	Transfer District PACTS No.:	

**Arrest** is used when: 1) the defendant appears in court following an arrest, with or without a warrant, 2) the defendant turns himself/herself in or self-surrenders on a warrant. **Writ** is used when the defendant appears in federal court but remains under the jurisdiction of another agency with no eligibility for release within 90 days. **If the defendant appears pursuant to a writ but is eligible for release within 90 days, use "arrest."** **Verbal Notice** is used when the defendant's appearance in court is not a result of any of the above procedures—for example, if the defendant voluntarily appears in court pursuant to agreement with the government and no formal summons, warrant, or writ has been issued.

INTAKE - Interview/Report Tab		
Interview Status:	When was a bail report submitted? (N/A if Report Type = None)	How was the bail report submitted? (N/A if Report Type = None)
<input type="checkbox"/> Interviewed <input type="checkbox"/> Refused Interview <input type="checkbox"/> Unable to Interview <input type="checkbox"/> Not Applicable	<input type="checkbox"/> Pre-Initial Hearing <input type="checkbox"/> Pre-Detention Hearing <input type="checkbox"/> Post-Release	<input type="checkbox"/> Oral <input type="checkbox"/> Written
Report Type:	PSO Recommendations: (Final)	AUSA Recommendations: (Final)
<input type="checkbox"/> Full <input type="checkbox"/> Modified (Illegal Re-Entry Only) <input type="checkbox"/> Addendum (Rule 5) <input type="checkbox"/> None	<input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision	<input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision
Defense Counsel's Name and Telephone No.:	AUSA's Name and Telephone No.:	

#### ADDITIONAL NOTES

INTAKE - Offense Tab/Charged Offense					
Class of Offense:			<input type="checkbox"/> Felony-Class A - life or death <input type="checkbox"/> Felony-Class B - 25 years or more <input type="checkbox"/> Felony-Class C - Less than 25 years but 10 or more years <input type="checkbox"/> Felony-Class D - Less than 10 years but 5 or more years <input type="checkbox"/> Felony-Class E - Less than 5 years but more than 1 year		
Citation: (In CM/ECF format)					
Check ONE appropriate Charge Classification/Category/Subcategory for the charged offense:					
Charge Classification	Charge Category	Charge Subcategory	Charge Classification	Charge Category	Charge Subcategory
<input type="checkbox"/> Drugs	<input type="checkbox"/> Continuing Criminal Enterprise <input type="checkbox"/> Distribution/Trafficking <input type="checkbox"/> Drug Paraphernalia <input type="checkbox"/> Import/Export <input type="checkbox"/> Manufacture/Cultivation <input type="checkbox"/> Possession <input type="checkbox"/> Possession While in Prison <input type="checkbox"/> Other <input type="checkbox"/> Use of a Communication Facility	<input type="checkbox"/> Heroin <input type="checkbox"/> Other Opiate <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> MDMA <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Other Drugs <input type="checkbox"/> Near School	<input type="checkbox"/> Traffic / DWI	<input type="checkbox"/> Driving Under the Influence <input type="checkbox"/> Driving While License Susp/Revoked <input type="checkbox"/> Drunken Driving <input type="checkbox"/> General Traffic <input type="checkbox"/> Leaving Scene of Accident <input type="checkbox"/> Reckless Driving	
<input type="checkbox"/> Obstruction / Escape	<input type="checkbox"/> Bribery <input type="checkbox"/> Contempt of Court <input type="checkbox"/> Detention of Material Witness <input type="checkbox"/> Escape <input type="checkbox"/> Evidence Tampering <input type="checkbox"/> Failure to Appear <input type="checkbox"/> General Obstruction <input type="checkbox"/> Harboring Fugitive <input type="checkbox"/> Juror Tampering <input type="checkbox"/> Mail Obstruction <input type="checkbox"/> Misprison of a Felony <input type="checkbox"/> Obstruct Justice <input type="checkbox"/> Offense Committed While on Release <input type="checkbox"/> Perjury <input type="checkbox"/> Resisting Arrest <input type="checkbox"/> Witness Tampering		<input type="checkbox"/> Immigration / Customs	<input type="checkbox"/> False Statements in Application of Passport <input type="checkbox"/> False Statements <input type="checkbox"/> Fraudulent Papers <input type="checkbox"/> Illegal Entry <input type="checkbox"/> Illegal Re-Entry <input type="checkbox"/> Illegal Re-Entry After Deportation <input type="checkbox"/> Impersonation of U.S. Citizen <input type="checkbox"/> Misuse of Passport <input type="checkbox"/> Other Immigration <input type="checkbox"/> Smuggling Aliens <input type="checkbox"/> Smuggling Goods into U.S.	
<input type="checkbox"/> Public Order	<input type="checkbox"/> Accessory After the Fact <input type="checkbox"/> Adulteration of Food or Drug <input type="checkbox"/> Contraband in Prison <input type="checkbox"/> Civil Disorder <input type="checkbox"/> Contributing to Delinquency of Minor <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Damage to Property <input type="checkbox"/> Destruction of Mail <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Environmental Violations <input type="checkbox"/> Game Conservation Act <input type="checkbox"/> Interference with Flight Crew <input type="checkbox"/> Lewd Conduct <input type="checkbox"/> Misrepresentation of U.S. Employee <input type="checkbox"/> National Parks Violation <input type="checkbox"/> Open Container Violation <input type="checkbox"/> Prostitution <input type="checkbox"/> Public Intoxication <input type="checkbox"/> Trespassing <input type="checkbox"/> Other Public Order		<input type="checkbox"/> Weapons / Firearms	<input type="checkbox"/> Armed Career Criminal <input type="checkbox"/> Concealed Weapon <input type="checkbox"/> Drug Crime of Violence <input type="checkbox"/> During Drug Offense <input type="checkbox"/> Export of Weapons/ Munitions <input type="checkbox"/> Export / Import <input type="checkbox"/> Felon in Possession <input type="checkbox"/> Import Explosives <input type="checkbox"/> Interstate Shipment <input type="checkbox"/> Other Unlawful Possession <input type="checkbox"/> Other Weapon <input type="checkbox"/> Possession in Prison <input type="checkbox"/> Sell to Unauthorized Persons <input type="checkbox"/> Selling Defaced Firearms <input type="checkbox"/> Supplied to Drug Traffickers <input type="checkbox"/> Transportation of Stolen Weapons <input type="checkbox"/> Use/Distribution of Explosives	

<input type="checkbox"/> Violence / Sex Offenses	<input type="checkbox"/> Animal Cruelty		<input type="checkbox"/> Access Device	
	<input type="checkbox"/> Arson		<input type="checkbox"/> Concealment of Assets	
	<input type="checkbox"/> Assault	<input type="checkbox"/> Aggravated <input type="checkbox"/> Attempted Murder <input type="checkbox"/> General <input type="checkbox"/> Simple <input type="checkbox"/> With Battery <input type="checkbox"/> With Weapon	<input type="checkbox"/> Copyright Infringement	
	<input type="checkbox"/> Bank Robbery	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed	<input type="checkbox"/> Counterfeiting	<input type="checkbox"/> Currency <input type="checkbox"/> General
	<input type="checkbox"/> Burglary	<input type="checkbox"/> Bank <input type="checkbox"/> General <input type="checkbox"/> Postal <input type="checkbox"/> Residential	<input type="checkbox"/> Embezzlement	<input type="checkbox"/> Bank <input type="checkbox"/> Postal <input type="checkbox"/> General
	<input type="checkbox"/> Child Exploitation <input type="checkbox"/> Child Molestation <input type="checkbox"/> Child Trafficking <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Extortion, Threats <input type="checkbox"/> Failure to Register Sex Offender <input type="checkbox"/> General Sex Offense <input type="checkbox"/> General Violence <input type="checkbox"/> Human Trafficking <input type="checkbox"/> Kidnapping		<input type="checkbox"/> Engaging in Monetary Transactions <input type="checkbox"/> Export/Import Monetary Instrument <input type="checkbox"/> Failure to Pay Child Support <input type="checkbox"/> False Claims <input type="checkbox"/> False Financial Statements <input type="checkbox"/> Food Stamp Violation	
	<input type="checkbox"/> Manslaughter	<input type="checkbox"/> General <input type="checkbox"/> Vehicular	<input type="checkbox"/> Forgery	<input type="checkbox"/> Checks <input type="checkbox"/> Instrum / Securities <input type="checkbox"/> General
	<input type="checkbox"/> Murder	<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> General	<input type="checkbox"/> Fraud	<input type="checkbox"/> Bank <input type="checkbox"/> Bankruptcy <input type="checkbox"/> Computer <input type="checkbox"/> Credit Card <input type="checkbox"/> General <input type="checkbox"/> Healthcare <input type="checkbox"/> Housing <input type="checkbox"/> Identity <input type="checkbox"/> Passport <input type="checkbox"/> Securities <input type="checkbox"/> Wire
	<input type="checkbox"/> Negligent Homicide <input type="checkbox"/> Poss. Of Child Pornography <input type="checkbox"/> Racketeering <input type="checkbox"/> Rape		<input type="checkbox"/> Gambling / Lottery <input type="checkbox"/> Interstate Transactions <input type="checkbox"/> Misuse of Social Security No <input type="checkbox"/> Money Laundering <input type="checkbox"/> Receiving Stolen Property <input type="checkbox"/> Satellite Piracy <input type="checkbox"/> Structuring Transactions to Avoid Rpt	
	<input type="checkbox"/> Robbery	<input type="checkbox"/> Armed <input type="checkbox"/> General <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Unarmed	<input type="checkbox"/> Tax	<input type="checkbox"/> Evasion <input type="checkbox"/> Failure File <input type="checkbox"/> General <input type="checkbox"/> Liquor <input type="checkbox"/> Trafficking Contraband Cigarettes
	<input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Sexual Abuse of Minor <input type="checkbox"/> Stalking <input type="checkbox"/> Threatening Communications <input type="checkbox"/> Transportation for Prostitution <input type="checkbox"/> Transportation of Minor <input type="checkbox"/> Violation of Restraining Order		<input type="checkbox"/> Theft	<input type="checkbox"/> Auto <input type="checkbox"/> Bank <input type="checkbox"/> Firearms Dealer <input type="checkbox"/> General <input type="checkbox"/> Ident. Docs. <input type="checkbox"/> Identity <input type="checkbox"/> Mail
			<input type="checkbox"/> Transportation Stln Property <input type="checkbox"/> Worthless Checks	

RELEASE/DETENTION ORDERS					
Hearing	Order Date	Release/Detention Outcome	Type of Bond (if released)	Release Date	Detained Due to/ Judge Issuing Order
Initial		<input type="checkbox"/> Released <input checked="" type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input checked="" type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Temporary Detention <input type="checkbox"/> Held for Detention Hearing <input type="checkbox"/> Consent to Detention <input type="checkbox"/> Preventive Detention <input type="checkbox"/> Flight <input checked="" type="checkbox"/> Danger <input type="checkbox"/> Both  JUDGE:
Detention (if held)		<input type="checkbox"/> Released <input checked="" type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input checked="" type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Preventive Detention <input type="checkbox"/> Flight <input checked="" type="checkbox"/> Danger <input type="checkbox"/> Both <input type="checkbox"/> Consent to Detention  JUDGE:
PSA SUPERVISION					
Date Released to Pretrial Supervision:	Supervising Officer:	Courtesy Pretrial Services Out? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		District Providing Courtesy Pretrial Services or Courtesy Diversion Supervision:	
PTD Months:	PTD Expiration Date:				
COURT-ORDERED RELEASE CONDITIONS					
<p>Check all conditions that were ordered by the court: (See PACTS Conditions Module for definitions)</p> <p><b>TREATMENT/COUNSELING/ TRAINING-RELATED CONDITIONS</b></p> <input type="checkbox"/> Substance Abuse Evaluation <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Alcohol Treatment Only <input type="checkbox"/> Substance Abuse Testing <input type="checkbox"/> No Illegal Use of Controlled Substances <input type="checkbox"/> No Excessive Alcohol Use <input type="checkbox"/> No Tampering with Substance Abuse Test <input type="checkbox"/> Alcohol Abstinence <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Sex Offender Assessment <input type="checkbox"/> Sex Offender Treatment <input type="checkbox"/> Life Skills Counseling <input type="checkbox"/> Education/Training Requirements <input type="checkbox"/> Other Treatment/Training/Education <input type="checkbox"/> Mental Health Evaluation <input type="checkbox"/> DNA Testing	<b>SUPERVISION REPORTING/ CUSTODIAN CONDITIONS</b> <input type="checkbox"/> Third-Party Custody: _____  <input type="checkbox"/> Cosigned by: _____ <input type="checkbox"/> Pretrial Services Supervision <input type="checkbox"/> Report Change of Address <input type="checkbox"/> Personal Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Telephone Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Report to Law Enforcement		<b>LOCATION/EMPLOYMENT ASSOCIATION RESTRICTIONS</b> <input type="checkbox"/> Location Monitoring - Program specify one in each column for monitoring <input type="checkbox"/> Home Incarc <input type="checkbox"/> Voice Verification <input type="checkbox"/> Home Detention <input type="checkbox"/> RF <input type="checkbox"/> Curfew <input type="checkbox"/> Passive GPS <input type="checkbox"/> GPS <input type="checkbox"/> Active GPS <input type="checkbox"/> Not Specified <input type="checkbox"/> RF/GPS Combo <input type="checkbox"/> Location Monitoring - Other <input type="checkbox"/> Stand Alone Monitoring <input type="checkbox"/> Re-Entry Center - Full Time <input type="checkbox"/> Re-Entry Center - Part Time <input type="checkbox"/> Work Release From Secure Facility <input type="checkbox"/> Residential Requirements/Restrictions <input type="checkbox"/> Travel Restrictions <input type="checkbox"/> Weapons Restrictions <input type="checkbox"/> No Possession of Pornographic Material <input type="checkbox"/> Obtain/Maintain Employment <input type="checkbox"/> Surrender Passport <input type="checkbox"/> Obtain No New Passport <input type="checkbox"/> Employment Requirements/Restrictions <input type="checkbox"/> No Contact With Victim/Witness <input type="checkbox"/> No Contact With Minors <input type="checkbox"/> Association Restrictions <input type="checkbox"/> Report Contact With Law Enforcement <input type="checkbox"/> Other Location/Employment/ Association Restrictions		
	<p><b>SEARCH/SEIZURE/COMPUTER</b></p> <input type="checkbox"/> Search/Seizure <input type="checkbox"/> Computer Search <input type="checkbox"/> Computer/Internet Restrictions	<b>FINANCIAL/SERVICES RELATED CONDITIONS</b> <input type="checkbox"/> Restitution \$ _____ <input type="checkbox"/> Community Services Hours _____  <input type="checkbox"/> Other Financial Obligations <input type="checkbox"/> Other Service Obligations		<b>OTHER</b> <input type="checkbox"/> Other condition	

**INTAKE-Closing**

Closing Date:	<b>Disposition:</b> <input type="checkbox"/> Acquitted <input type="checkbox"/> Close-Courtesy Only <input type="checkbox"/> Deferred Judgment <input type="checkbox"/> Dismissed <input type="checkbox"/> Diversion Denied <input type="checkbox"/> Diversion Terminated by Gov't <input type="checkbox"/> Execution of Sentence <input type="checkbox"/> Found NGBRI <input type="checkbox"/> Fugitive FTA <input type="checkbox"/> Other <input type="checkbox"/> PTD Satisfied <input type="checkbox"/> Transferred Out				
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Transfer District:	Docket No.:	Defendant No.:	Voluntary Surrender Date:		
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**ADDITIONAL NOTES**

Notes: